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### **South Dakota Board of Nursing**

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

# Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

Name of Institution: White Heath Care Centur	I		
Address: 200 S. Patrick are white SD 57274			
Phone Number: 605-629-8871			
E-mail Address of Faculty: Tany RSP land@ fealwood CC. COM			
Select option(s) for Re-Approval:			
Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum			
Ust personnel and licensure Information			
2. Complete evaluation of the curriculum			
Request re-approval with faculty changes and/or curriculum changes			
List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel     Complete evaluation of the curriculum.			
2. Complete evaluation of the curriculum			
Submit documentation to support requested curriculum changes			

### List Personnel and Licensure Information;

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator		
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If requesting new Program Coordinator	or although exercise the new	

a requesting new Program Coordinator, attach curriculum vita, resume, or work history

**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

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Name of Primary Instructor	A STATE OF THE PARTY OF THE PAR	Tit Title Ti	
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If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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WHITE HC

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		LICENSURE	REGISTRATIO	N. Salasa and A.
Supplemental Personnel & Credentials	State	Number	Expiration	Verification
Raanii Knurson			Date	SDBON)
Kontac Marson	150	K036019	8.17.14	XXXX

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

3	tandard	Yes	No
•	Program was no less than 75 hours.	1	140
0	Provided minimum 1.6 hours of instruction prior to students having direct patient contact.	7	-
٥	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	7	
9	Provided instruction on each content area (see ARSD 44:04:18:15):	<del>                                     </del>	
	Basic nursing skills	7	
_	Personal care skills		
	Mental health and social services		
	Care of cognitively impaired clients		
	Basic restorative nursing services		*****
	Residents' rights	1	
9	Students did not perform any patient services until after the primary instructor found the student to be competent	77	<del></del>
•	Students only provided patient services under the supervision of a licensed nurse	7	
•,	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	7	

	Sul	purity Documentation to Support Requested Curriculum Changes:		
Nar		Course (if applicable): AHCA - HOW TO BE A	Nuse	ALS 18
		of teaching methods may be utilized in achieving the classroom instruction such as inde n, and online instruction. it reference list of teaching materials utilized (include name of book or resource, publis	pendent study,	, video
Sub	Mit docu Behavio Curricul  A	cumentation that supports requirements listed in ARSD 44:04:18:15, including: viorally stated objectives with measurable performance criteria for each unit of curriculum, objectives and agenda documenting the requirements for the minimum 75 hour of Aminimum of 16 hours of instruction prior to student having direct patient contact; the Communication and interpersonal skills, infection control, safety/emergency procresidents' independence, respecting residents' rights.  A minimum of 16 hours of supervised practical instruction with enough instructors to ercare; the instructor ratio may not exceed eight students for one instructor. (Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detains a supervisor; and caring documentation) including: vital signs; height and we needs; recognizing abnormal changes in body functioning and the importance of to a supervisor; and caring for dying clients;  Personal care skills, including: bathing; grooming, including mouth care; dressing eating and hydration; feeding techniques; skin care; and transfers, positioning, and including and hydration; feeding techniques; skin care; and transfers, positioning, and including and hydration; feeding techniques; skin care; and transfers, positioning, and including and hydration; feeding techniques; skin care; and transfers, positioning.	m course as follow 16 hours must redures, promot sure safe and e iii): reight; client en reporting such	vs: t include: ting effective evironment changes



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	developmental tasks associated with aging	: responding appropriately to behaviors; awareness of process; respecting personal choices and preserving client
	dignity, and recognizing sources of emotion Care of cognitively impaired clients, including needs and behaviors:	ng: communication and techniques for addressing unique
	Basic restorative nursing services, including	self-care; use of assistive devices in transferring; ambulation, ling and positioning in bed and chair; bowel and bladder care
Program Coord	Residents' rights, including: privacy and cor disputes; participating in groups and activiti	offidentiality; self-determination; reporting grievances and ies; security of personal possessions; promoting an at, and neglect and requirement to report; avoiding restraints.
	be completed by the South Dakota Boa	rd of Nursing
Date Application		Date Application Denied:
Date Approved: Expiration Date	of Approvala	Reason for Denial:
Board Represen		
Date Notice Sen	it to institution: 1/1/13	Manhada and a same and